

ADDITIONAL CHILD RECORDS REVIEW
FOR SPECIALIZED FOSTER CARE HOMES

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- Document required for facility category is complete and current.
- X

- Document is lacking, incomplete or requires updating.
- N/A

- Not Applicable
- S

- Special Health Care Needs Child (SHCNC)
-]

Any item shown as "X", OR "NO" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

FACILITY NAME			LICENSE REPORT (LIC 809) DATE					
FACILITY NUMBER			TYPE OF VISIT		<input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT		<input type="checkbox"/> FOLLOW-UP	
ALL FACILITIES					FACILITIES WITH MORE THAN 2 CHILDREN			
REFERENCE NUMBER *	CHILD'S NAME	SHCNC	SHCNC HAS AN INDIVIDUALIZED HEALTHCARE PLAN	CERTIFICATION FOR EACH CHILD: NEEDS CAN BE MET **	CERTIFICATION NO OTHER PLACEMENT AVAILABLE	TEAM WAIVER FOR EACH SHCNC	AT LEAST ONE REGIONAL CENTER PLACEMENT IN SMALL FAMILY HOME WITH OVER 3 CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO	
	1st Child accepted							
	2nd Child accepted							
COMMENTS								
LICENSING EVALUATOR SIGNATURE					DATE			

* REFERENCE NUMBER CORRESPONDS TO NUMBER USED TO IDENTIFY CLIENT/RESIDENT ON THE FIELD VISIT REPORT

** FACILITIES LICENSED FOR 1 OR 2 N/A UNLESS POPULATION IS MIXED

LIC 858A (10/99)